

Complete Summary

GUIDELINE TITLE

Assessment of maltreatment of children with disabilities.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatrics: Committee on Child Abuse and Neglect and Committee on Children With Disabilities. Assessment of maltreatment of children with disabilities. Pediatrics 2001 Aug; 108(2):508-12. [20 references]

GUIDELINE STATUS

This is the current release of the guideline.

American Academy of Pediatrics (AAP) Policies are reviewed every 3 years by the authoring body, at which time a recommendation is made that the policy be retired, revised, or reaffirmed without change. Until the Board of Directors approves a revision or reaffirmation, or retires a statement, the current policy remains in effect.

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SCOPE

DISEASE/CONDITION(S)

Child maltreatment, including physical abuse, neglect, or sexual abuse

GUIDELINE CATEGORY

Prevention
Risk Assessment
Screening

CLINICAL SPECIALTY

Family Practice
Pediatrics
Preventive Medicine
Psychology

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Nurses
Physician Assistants
Physicians
Social Workers

GUIDELINE OBJECTIVE(S)

- To ensure that pediatricians recognize children with disabilities as a population that is at risk for maltreatment
- To present recommendations for early recognition, intervention, and prevention of child abuse and neglect in this population

TARGET POPULATION

Children with disabilities

INTERVENTIONS AND PRACTICES CONSIDERED

Screening

1. Assessment of signs and symptoms suggestive of abuse
2. Evaluation for disabilities in children in whom abuse has been identified

Prevention

1. Provision of emotional and instrumental support to children and families
2. Reporting of suspected abuse to appropriate Child Protective Services (CPS) agency.
3. Collaboration/coordination of care with families, health care providers, and other community resources
4. Federally mandated written plan of service
5. Referrals as appropriate for services (i.e., parent support groups, respite care, home health services, etc)
6. Administrative advocacy

MAJOR OUTCOMES CONSIDERED

- Incidence of child maltreatment among children with disabilities
- Causal factors related to child maltreatment

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

1. All pediatricians should be capable of recognizing signs and symptoms of child maltreatment in all children and adolescents, including those with disabilities.
2. Because children with disabilities may be at increased risk for maltreatment, pediatricians should be vigilant not only in their assessment for indications of abuse but also in their offerings of emotional and instrumental support.
3. Pediatricians should ensure that any child in whom abuse has been identified is thoroughly evaluated for disabilities.
4. All children with disabilities should have a medical home.
5. Pediatricians should be actively involved with treatment plans developed for children with disabilities.
6. Health supervision visits should be used as a time to assess a family's strengths and need for resources to counterbalance family stressors and parenting demands.
7. Pediatricians should advocate for changes in state and local policies in which system failures seem to occur regarding the identification, treatment, and prevention of maltreatment of children with disabilities.
8. Pediatricians should advocate for better health care coverage by both private insurers and governmental funding.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting each recommendation is not specifically stated.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate assessment of maltreatment of children with disabilities may lead to early recognition and intervention of child abuse and neglect, as well as prevention of child maltreatment.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

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The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness
Safety

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2001 Aug

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics (AAP)

GUIDELINE COMMITTEE

Committee on Child Abuse and Neglect

Committee on Children With Disabilities

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Committee on Child Abuse and Neglect (2000-2001): Steven W. Kairys, MD, MPH, Chairperson; Randell C. Alexander, MD, PhD; Robert W. Block, MD; V. Denise Everett, MD; Kent P. Hymel, MD; Carole Jenny, MD, MBA

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Policy Web site](#).

Print copies: Available from the American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on May 7, 2002. The information was verified by the guideline developer on June 11, 2002.

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